



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E320753**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-00885
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	06
OBJECT STRUCK	

DATE OF COLLISION	04	-	12	-	2014	TIME (2400)	1008	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/> 0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

MARKET BLOCK NO. ☒ 9601

MILE POST ☐

DISTANCE 500 00 MILES ☐ N ☒ E ☐ S ☐ W OF (REFERENCE OR CROSS STREET) PARKING LOT

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 3606915169

LAST NAME BISHOP FIRST NAME JOAN MIDDLE INITIAL F

STREET NEW ADDRESS 17810 115TH ST NE

CITY GRANITE FALLS ST WA ZIP 982529608

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # BISHOJF573MP STATE WA SEX F D.O.B. MMDDYYYY 07 - 17 - 1943

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE INJURY CLASS 6 NATURE OF INJURIES HEAD INJURY

LICENSE PLATE # AKA5792 STATE WA VIN# 2B3HD56J8XH716379

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE DODG MODEL INT4D STYLE 4D VEHICLE TOWED YES ☒ NO ☐ TOWED BY RESCUE GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. JOAN BISHOP 17810 115TH ST NE GRANITE FALLS WA 98252

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # HARTFORD UNDERWRITERS 55 PHE359947-213691

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG 9 RESTR. 9 EJECT 9 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES

LICENSE PLATE # ADV0544 STATE WA VIN# 1FMCU9DG9BKB85326

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2011 MAKE FORD MODEL ESCAPE STYLE UT VEHICLE TOWED YES ☒ NO ☐ TOWED BY RESCUE GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. HASNA HOMSY 5418 141ST PL SE EVERETT WA 98208 D: 4257728678

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # LIBERTY MUTUAL A02-268-088516-40 4 6

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

OFFICER'S NAME (PRINT) C. WELLS #131 BADGE OR ID # 131 AGENCY WA0311900



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E320753**

CASE # **14-00885**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>SANSONI ALEXANDER J</b>																
ADDRESS & PHONE #		<b>UNKNOWN LAKE STEVENS WA 98258 5308645699</b>						SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>06</b>	-	<b>20</b>	-	<b>1977</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>HINMAN SARAH M</b>																
ADDRESS & PHONE #		<b>6723 WESTHILL CT. SW OLYMPIA WA 98512 2533941478</b>						SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>12</b>	-	<b>17</b>	-	<b>1987</b>			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #								SEX		D.O.B. MMDDYYYY		-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 was parked in the second handicapped parking stall when the vehicle accelerated, crossed the parking lot lane of travel and hit Unit 2 and Unit 4 which set off a chain reaction. Unit 2 was shoved into Unit 3 and Unit 5. Unit 4 was shoved into Unit 6.

Unit 2, 3, 4, 5 and 6 were all legally parked and unoccupied during this event.

Unit 1 and 2 were towed from the scene by Rescue Towing. Unit 1 driver was transported by Aid for a head injury.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**C. WELLS #131**

**04-14-14 01:08 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**RON BROOKS 013**

**4/15/2014 8:00:48 AM**

BADGE OR ID #	<b>131</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>10:08 AM</b>	TIME POLICE ARRIVED	<b>10:14 AM</b>
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SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E320753**

CASE # **14-00885**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX U

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG 9

RESTR. 9

EJECT 9

HELMET USE 9

INJURY CLASS 0

NATURE OF INJURIES

LICENSE PLATE #

372TDZ

STATE WA

VIN#

1N4AL11D05C137048

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR 2005

MAKE NISS

MODEL ALT4D

STYLE 4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. BENJAMIN MCKINLAY 9209 12TH PL SE LAKE STEVENS WA 98258 D: 4253454234

SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE



UNIT #

4

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

GDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX U

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG 9

RESTR. 9

EJECT 9

HELMET USE 9

INJURY CLASS 0

NATURE OF INJURIES

LICENSE PLATE #

APS8974

STATE WA

VIN#

JTJBC1BA6A2014483

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR 2010

MAKE LEXS

MODEL RX450H

STYLE UT

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. TROY MILLER 310 201ST AVE NE SNOHOMISH WA 98290 D: 4254664672

SHADE IN DAMAGED AREA

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

04-14-14 01:08 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

131

ORI #

WA0311900

APPROVED BY BROOKS

DATE 4/15/2014

PAGE 3

OF 5



SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E320753**

CASE # **14-00885**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # ☐ USDOT ☐ ICC # ☐ VEHICLE TYPE ☐ CARGO BODY TYPE ☐

CARRIER NAME

CARRIER ADDRESS

CITY  ST  ZIP

NAME SOURCE ☐ # AXLES ☐ GVWR ☐ PLACARD ☐ + ☐ NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **5** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME  MIDDLE INITIAL

STREET NEW ADDRESS

CITY  ST  ZIP

CDL  RESTRICTIONS  ENDORSEMENTS

DRIVER'S LICENSE #  STATE  SEX **U** D.O.B. **MMDDYYYY** -  -

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **069YVJ** STATE **WA** VIN# **1G1NE52J4X611127**

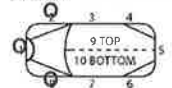
TRAILER PLATE #  STATE  TRAILER PLATE #  STATE

VEH. YEAR **1999** MAKE **CHEV** MODEL **MAL4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY  GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **BRIAN BOEHM 9231 8TH ST SE LAKE STEVENS WA 98258 D: 4253274869**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #   
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #  CHARGE

SHADE IN DAMAGED AREA



UNIT # **6** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **UNKNOWN** FIRST NAME  MIDDLE INITIAL

STREET NEW ADDRESS

CITY  ST  ZIP

CDL  RESTRICTIONS  ENDORSEMENTS

DRIVER'S LICENSE #  STATE  SEX **U** D.O.B. **MMDDYYYY** -  -

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **696XZU** STATE **WA** VIN# **KM8SC13D76U033658**

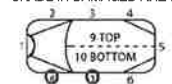
TRAILER PLATE #  STATE  TRAILER PLATE #  STATE

VEH. YEAR **2006** MAKE **HYUN** MODEL **SANTAF** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY  GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **TIFFANY MCGINLEY 7329 11TH ST SE LAKE STEVENS WA 98258 D: 2533508994**

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #   
VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION #  CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

04-14-14 01:08 PM

INVESTIGATING OFFICER'S SIGNATURE

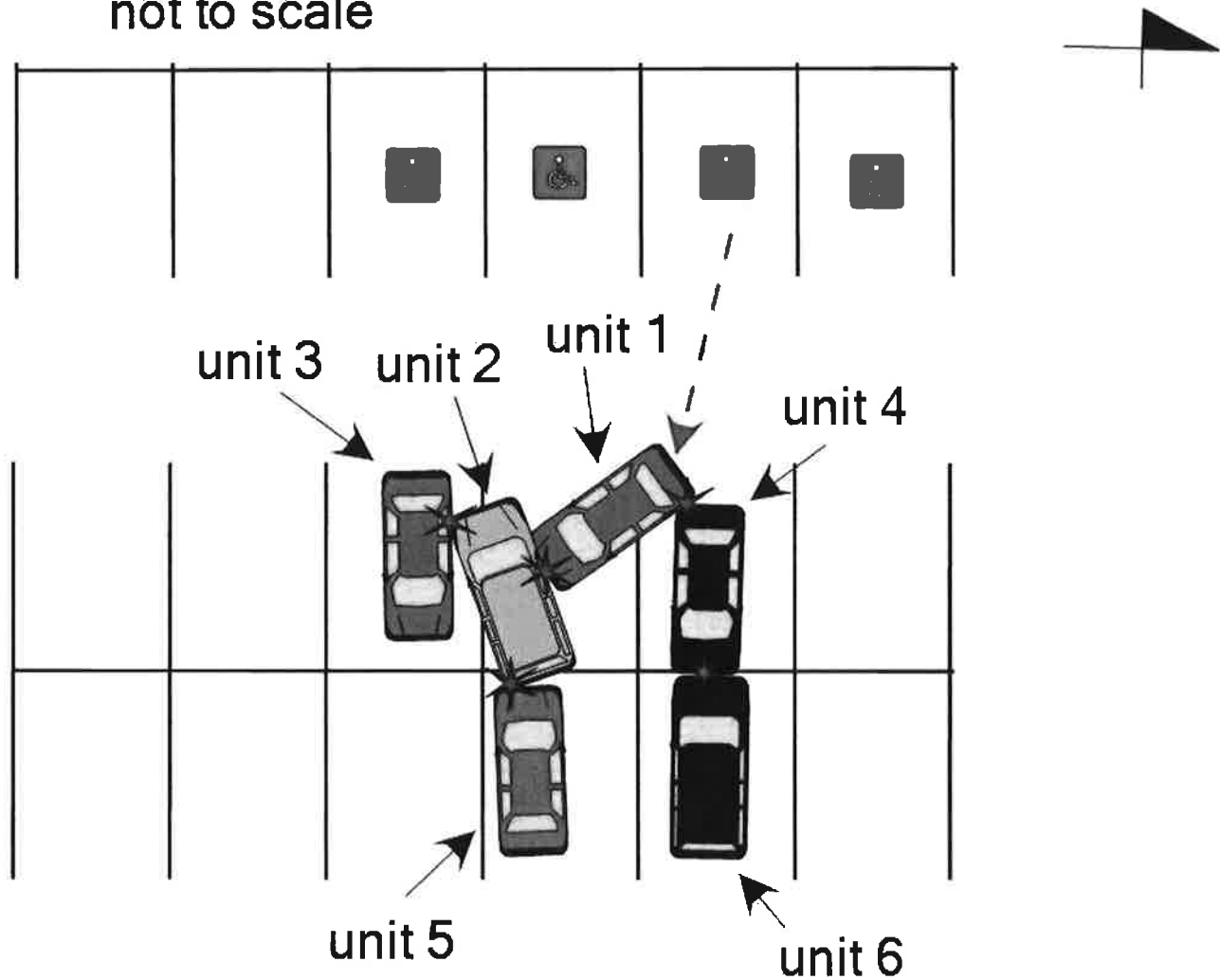
UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID # **131** ORI # **WA0311900** APPROVED BY **BROOKS** DATE **4/15/2014** PAGE **4** OF **5**

Target parking lot - 9601 Market Pl, Lks  
not to scale



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14 00885

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Himmman, Sarah Marie	RACE Cau.	ETH	SEX F	DOB 12/17/87	AGE 26	HGT 5'6"	WGT 185	HAIR Red	EYES Blue
STREET ADDRESS 6723 Westhill Ct. SW		CITY Olympia			STATE WA	ZIP 98512		RES. STATUS		
HOME PHONE (253) 394-2872		CELL PHONE Same			PLACE OF EMPLOYMENT Concern For Animals					
WORK PHONE (360) 489-1478		EMAIL ADDRESS 3poinst736@gmail.com								

I, Sarah Himmman, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Heard a screeching tires, turned and saw car (silver) crash into several parked vehicles. Woman in silver car slumped, appeared to lose consciousness for a few seconds. Woke up, bleeding from forehead. I called 911.

LEAD  
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Sarah Himmman</u>	DATE SIGNED 4/12/14	LOCATION SIGNED Lake Stevens Target
OFFICER/NUMBER: C. Wells #131	DATE SIGNED 4-12-14	LOCATION SIGNED LK STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00885

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Sanson, Alexander, J	RACE W	ETH	SEX M	DOB 6/20/1977	AGE 36	HGT 5'8"	WGT 160	HAIR Bn	EYES H21
STREET ADDRESS		CITY			STATE		ZIP		RES. STATUS	
HOME PHONE 530-864-5699		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS alex.sanson@comcast.net								

I, Alex Sanson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I saw a woman parked in the handicap parking spot peel out before the car shot across the lot and slammed in to other cars. It looked and sounded like someone with a foot on the brake and full acceleration on the gas pedal, then lost control.

When I came up to the car, the woman appeared dazed + confused w/ a large cut on her head. I did not smell any alcohol.

LEPD  
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Alex Sanson</i>	DATE SIGNED 4/12/14	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: C. News / #131	DATE SIGNED 4-12-14	LOCATION SIGNED LK STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_





LEAP  
ORIGINAL

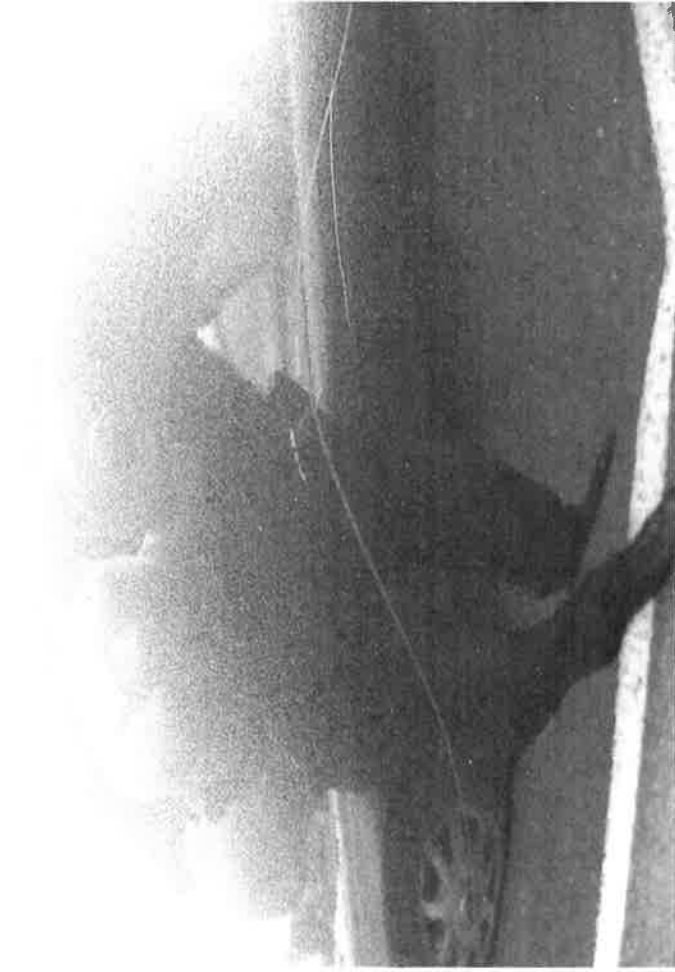




Load  
ORIGINAL



REPRODUCED  
FROM  
ORIGINAL



LEAD  
ORIGINAL



ORIGINAL



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Wells #131</i>			Case Number <i>14-00885</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>			Date/Time: <i>4-14-14/1226</i>	
Action Number: <i>3</i> *Evidence will be held until court disposition or when the Statute of Limitations has expired 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING      *Found and Safekeeping will be held for 60 days or 60 days past owner notification						
Item #  <i>CW1</i>  Action #  <i>3</i>	Item <i>Photo CD</i>		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name      Address      City      State      Zip      Phone # <i>LSPD</i>					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #  <i>CW2</i>  Action #  <i>3</i>	Item <i>Surveillance Footage C/D</i>		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name      Address      City      State      Zip      Phone # <i>LSPD</i>					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <i>of Collision</i>						
Item #    Action #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name      Address      City      State      Zip      Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #    Action #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name      Address      City      State      Zip      Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #    Action #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name      Address      City      State      Zip      Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #    Action #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name      Address      City      State      Zip      Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Evidence Control Use Only: Received by Evidence:      NCIC/WACIC <input checked="" type="checkbox"/> Date:      CAD/RMS Checked      ROUTING: _____ Name: _____ # _____      NCIC/WACIC +      Date:      Owner Letter Sent:      White: Property Room Date: _____ Time: _____      NCIC/WACIC -      Date:      Owner Letter Sent:      Yellow: Case File						

Incident History for: #SS14006775

Case Numbers: \$SS14000885

Entered 04/12/14 10:08:39 BY SPDF24 SP0174

Dispatched 04/12/14 10:08:56 BY SPDP17 SP0168

Enroute 04/12/14 10:08:56

Onscene 04/12/14 10:14:34

Closed 04/12/14 11:31:51

Initial Type: INFO Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: 9601 MARKET PL ,LKS -- TARGET STORE ,LKS btwn SR 9 NE & 99 AV NE (V)

Loc Info:

Name: Addr: Phone:

/1008 (SP0174) ENTRY ,PKLOT OF TARGET VEH VS SEVERAL VEHS IN PKLOT, B  
LEEDING FROM HEAD, C/BN

/1008 CHANGE TYP: INFO --> COL,  
RSP: P --> TP,  
PRI: 3 --> 2

/1008 (SP0168) DISPER 19D2 #SS112 WARBIS, OFFICER (STEVE)

/1009 ASSTER 19D3 #SS131 WELLS, OFCR (CHAD)

#SS120 BERNHARD, OFFICER (KERRY)

/1014 (SS112 ) \*ONSCNE 19D2

/1017 (SP0168) ONSCNE 19D3

/1031 ASNCAS 19D3 \$SS14000885

/1038 ROTREQ 19D2 TOW 5745 LKS RESCUE TOWING  
4253345821

/1039 MISC 19D2 , RESCUE TOWING ENRT FOR BOTH

/1054 MISC 19D2 , TOW OS

/1131 CLEAR 19D3 D/H

, D

/1131 CLEAR 19D2

/1131 CLOSE 19D2